IPDR6702	05/18/2008			NORTH CAROLINA HECKWRITE SUMMARY REPORT		PAGE:	1	
KON DATE:	03/10/2000			KWRITE DATE: 05/20/2008				+
				INANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	THOY IDEAL TOWN				DIMINIO	Distriction	T TIME TO BE	
3404901	SMOKY MOUNTAINM	8599	2340	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		-		
		8800	625	FURTHER PROCESSING NECESSARY,		4163	11221	L 7058
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8000	423	NO RATE AVAILABLE ON FILE TO P		+		
		8000	123	RICE THIS CLAIM DETAIL		+		+
3404904	WESTERN HIGHLAN	8326	507	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THIS CLAIM OR THE NPT SUBMITTE				+
		21	124	DUPLICATE OF CLAIM-SYSTEM		798	6005	5 5207
					<u> </u>	.50		
								1
		3101	106	THE TAXONOMY CODE FOR THE ATTE		-	1	1
				NDING PROVIDER		+	1	+
				IS MISSING		1	 	+
					<u> </u>			
3404910	PATHWAYS	8800	190	FURTHER PROCESSING NECESSARY,		1		1
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1		 	+
				FOTORE RA S.		+		+
		11	28	CLIENT NOT ELIGIBLE ON SERVICE		275	4093	3 3818
				DATE				
		21	17	DUPLICATE OF CLAIM-SYSTEM				
		21	17	DOPLICATE OF CLAIM-SISIEM				+
3404912	CATAWBA COUNTYM	8326	44	ATTENDING PROVIDER NUMBER WAS				
	ENTAL HEALT			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THIS CLAIM OR THE NET SUBMITTE				+
		8599	38	DETAIL NOT COVERED BY COMBINAT		137	6702	6565
				ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.				
		27	91	DIAGNOSIS CODE MISSING OR INVA				
		27	31	LID. VERIFY AND ENTER THE				+
				CORRECT DIAGNOSIS CODE AND SUB		-		+
								+
3404913	MECKLENBURG COM	8800	2557	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				+
		8326	266	ATTENDING PROVIDER NUMBER WAS		3481	12891	L 9410
			<u> </u>	NOT SUBMITTED ON		2101		
				THIS CLAIM OR THE NPI SUBMITTE		1		1
		21	183	DUPLICATE OF CLAIM-SYSTEM	1		<u> </u>	—
		21	203	DOLLICALD OF CHAIR-SIGIAM		+	 	1
						1	 	+
					<u> </u>			
3404916	CROSSROADS BEHA	8800	87	FURTHER PROCESSING NECESSARY,				
	VIORAL HEAL			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				TOTOGE RA S.		+	1	+
		11	20	CLIENT NOT ELIGIBLE ON SERVICE		133	5290	5157
				DATE	1	133	3290	3237
		191	7	CLIENT ID NUMBER PORC NOT MATO				
-		191	,	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		+	 	1
						1	 	+
3404917	CENTERPOINT HUM	8505	1522	CLAIM DENIED DUE TO INSUFFICIE				\perp
	AN SERVICES			NT BUDGET				
						+	1	+
		3101	346	THE TAXONOMY CODE FOR THE ATTE		2105	4910	2805
				NDING PROVIDER	1	2103	1510	2000
				IS MISSING				
		21	0.0	DUDI TOATE OF OLATM CVCTPM				
		21	98	DUPLICATE OF CLAIM-SYSTEM				-

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919		8326	1217	ATTENDING PROVIDER NUMBER WAS				
	GUILFORD CO MEN TAL HEALTHC			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	519	FURTHER PROCESSING NECESSARY,	0	2489	8352	5863
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				TOTOLE IN D.				
		8536	276	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
2404020		0500	202	DESCRIPTION OF COMPANY				
3404920	ALAMANCE CASWEL L AREA MH D	8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	118	THIS SERVICE IS NOT PAYABLE TO	0	653	9423	8770
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		3411	81	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C	8505	2069	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		8599	364	DETAIL NOT COVERED BY COMBINAT	0	3043	4667	1624
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	290	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT	21	3777	DUPLICATE OF CLAIM-SYSTEM				
	ER ER							
		8800	1571	FURTHER PROCESSING NECESSARY,	0	5510	14922	9412
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTOKE RR 3.				
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923		8800	210	FURTHER PROCESSING NECESSARY,				
3404923	FIVE COUNTY MH	8800	210	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE	0	322	3580	3258
				DATE				
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	967	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8537	380	PROCEDURE IS NOT PAYABLE FOR Y	6	2033	7801	5768
				OUR PROVIDER TYPE AND		2033	7001	3700
				SPECIALTY IN ACCORDANCE TO MEN				
		8326	295	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	136	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	O PERIAL RE			-				
		21	134	DUPLICATE OF CLAIM-SYSTEM			267	001
				Cartary Cartary	2	690	3607	2917
		8599	89	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	11	344	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	446	1550	1104
				BENEFIT PACKAGE.				
		5404	39	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				

	T	T	1					
PROVIDER		HIGH DENIAL	NUMBER OF		marc	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8505	1389	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8326	162	ATTENDING PROVIDER NUMBER WAS	3	1922	6610	4688
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0500	110					
		8599	118	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
3404931	WAKE CO HUM SVC	8505	644	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
	DIBLING OF							
		8800	610	FURTHER PROCESSING NECESSARY,	80	2095	11815	9720
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	224	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933		8505	5617	CLAIM DENIED DUE TO INSUFFICIE				
	SOUTHEASTERN CT			NT BUDGET				
	R FOR MH/DD							
		3411	195	PROVIDER TYPE AND SPECIALTY 07	0	6081	7783	1702
				4/113 CANNOT BILL ENHANCED	_			
				BENEFIT SERVICES ON OR AFTER D				
		8800	163	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934		8505	795	CLAIM DENIED DUE TO INSUFFICIE				
3101931	ONSLOW CARTERET BEHAV HEAL	0303	,,,,	NT BUDGET				
	BEHAV HEAL			11 202011				
		8599	372	DETAIL NOT COVERED BY COMBINAT	0	1443	2028	585
				ION OF RECIPIENT, PROVIDER AND	-	-		
				BENEFIT PACKAGE.				
		8518	73	"CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
			-		0	0	0	U
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
2404022		21	1220	DUDY TONDE OF GUATM OVORDEY				
3404937	THE BEACON CENT	21	1229	DUPLICATE OF CLAIM-SYSTEM				
	ER	-						-
		8326	522	ATTENDING PROVIDER NUMBER WAS	0	1784	2994	1210
				NOT SUBMITTED ON	·	31	2231	
				THIS CLAIM OR THE NPI SUBMITTE				
		8532	19	SUBMITTED BILLING PROVIDER IS				
				NOT ELIGIBLE FOR DATE OF				
		1		SERVICE BILLED				
2404022		0226	404	APPENDATION PROGRAMME AND				
3404939	EAST CAROLINA B	8326	404	ATTENDING PROVIDER NUMBER WAS				
	EHAVIORAL H	1		NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		+		AND CAME OF THE REL SUBMITTE				
		8800	328	FURTHER PROCESSING NECESSARY,		871	2010	2348
				PLEASE CHECK FOR CLAIM ON	0	871	3219	2348
		+		FUTURE RA'S.				
		21	33	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		O	0		0	0	0	0
i		0	0	*** NO DATA TO REPORT ***				
3404942								
3404942	EAST CAROLINA B EHAVIORAL H							

		0	0		0	0	0	
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	608	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8536	315	ATTENDING PROVIDER TYPE AND SP	10	1419	6864	544
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		21	299	DUPLICATE OF CLAIM-SYSTEM				
								-
3404944		8536	156	ATTENDING PROVIDER TYPE AND SP				
3101311	EASTPOINTE HUMA	0330	130	ECIALTY COMBINATION IS NOT				
	N SERVICES			VALID FOR SUBMITTED BILLING PR				
				VADID FOR SUBMITIED BIBLING PR				
		79	46	THIS SERVICE IS NOT PAYABLE TO				
		13	40		0	287	6916	662
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8534	41					
		8534	41	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
3404946	FOOTHILLS AREAM	8326	1227	ATTENDING PROVIDER NUMBER WAS				
	ENTAL HEALT			NOT SUBMITTED ON				
			1	THIS CLAIM OR THE NPI SUBMITTE				
		8533	61	SERVICE FACILITY LOCATION CANN	0	1552	3005	145
			1	OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		5404	56	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				1